BINDING RESERVED MARGIN

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT 4 UNFADING INK-THIS See instructions on back of certificate. WITH Important.

N. B.

1 PLACE OF DEATH

13819

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;Ward)	[If death occurred in a hospital or Institution, give its NAME Instead
	Pub ito trame mercan

ot street and number. 1

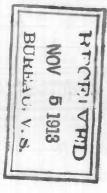
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mulanorm M. Single, Married, Widowed, Wildereces (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 [HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h st allve on ,191
TAGE The state of	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Flates kind of work (b) General nature of Industry, business, or establishment to which employed (or employer) **BIRTHPLACE** (State or country)	(Duration) yrs mos ds. Contributory (Secondary)
10 NAME OF Alberth Brock 11 BIRTHPLACE OF FATHER (State or country)	(Signed)
12 MAIDEN NAME Mand Jadd 13 BIRTHPLACE OF MOTHER (State or country) MA	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds.
(Informant) Para March Saulto	Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Chaptace (S) Filed Och 2, 1913 Char B. Harrison REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Chophing Md Jeb , 1913 20 UNDERTAKER ADDRESS Chophink
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Groecry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in Industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman," (g

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenciachildbirth or miscarriage, as "Purpresal septichaescpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the mia," "PUERPERAL peritonitis," etc. State cause for "Hart fallure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronia ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion, (name origin; "Can-Examples: For VIOd8.



Important.

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Gou	Larolesse.	CERTIFICA	TE OF	DEATH
GOL	All y aparticular de la constantina del constantina de la constantina del constantina de la constantin	Registra	tion Dist.	No. 60
Vill	age or City Goldstorv (No	itler st:	Ward)	[If death occurred is a hospital or institution give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTI	FIGATE OF	DEATH
3 SE	MARRIED, Married	16 DATE OF DEATH	Ooth)	78, 191. (Day (Year)
DA	ATE OF BIRTH (Write the word)	THEREBY CERTIFIED	cee	attended deceased fro
	(Month) (Day (Year)	that I last saw h. As allve on	aci	728 111 , 1913
7 AG	25 yrs mos 2 1 ds. OR min.?	and that death occurred on the e The CAUSE OF DEATH* was as	10.111.05011.0	bove, at
(a)	Trade, profession, or Telegraph Operator	Fubuc	ulv	ara .
(b) busi	General nature of Industry, ness, or establishment In ch employed (or employer)	(0	Ouration) 2	/yrsmosd
9 81	RTHPLACE (State or country) Maryland	Gontributory Secondary	Duration)	NPS mas /
	10 NAME OF Thos of Butler	(Signed)	elsto	M.
ENTS	of father (State or country) Maryland	*State the DISEASE CAUSING CAUSES, state (1) MEANS OF	DEATH, or,	in deaths from Violer
PARE	12 MAIDEN NAME SURALI & Butlot	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR		
	13 BIRTHPLACE OF MOTHER (State or country) Maryland	or RECENT RESIDENTS) At place of death yrs mos ds	In the	yrs, mos (
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?		

13820

1 PLACE OF DEATH

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

Former or

usual residence

20 UNDERTAKER

19 PLACE OF BURIAL OR REMOVAL

STATE OF MARYLAND ATE OF DEATH

DATE OF BURIAL

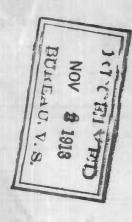
ADDRESS

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. additional line is provided for the latter statement: essary to know (a) the kind of work and also (b) tion is very important, so that the relative healthfulof persons engaged in domestic service for wages, as duties of the honsehold only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons Salesman, But in many "Foremau," The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," ungnalified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sareoma, etc., of..... (name origin; "Canvalvular heart disease; Chronic interstitial nephritis. such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for etc., when a defiuite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marus geuital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. affection need not be stated nuless important. sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably childbirth or miscarriage as ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." deut; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Inmor" for mally The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease cansing death), 29 ds.; "Senile," etc.), (Recommendations on statement of may be stated under the head of "Dropsy," "Exhanstion," "PUERPERAL septichuc-Never report



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PLACE OF DEATH

13821

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.; Ward)

[If death occurred in a hospital or institution, give Its NAME Instead

FULL NAME THURS .	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female, Black Single, widowed, orbivorce (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH (Month) (Day (Year)	that I last saw h. M. alive on (90) 20 1913
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory (Duration) yrs. mos. ds.
10 NAME OF FATHER Denjamin H. Cannon 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos. ds Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Federals burg, Ind, 15 Filed 25 Oct 1913 B 14 Jefferson	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Let. 26, 1913. 20 UNDERTAKER ADDRESS

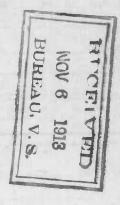
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At sehool or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," The (6)

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is iudefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anacmia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping eough; Chronie cer" is less definite; avold use of "Tumor" for malig-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aecisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septiehae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. Never report affection need not be stated uuless important. oma, Sarcoma, etc., of..... cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioture of the American Medical Association.) The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; may be stated under the head of (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-State cause for



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PHYSICIANS should state of OCCUPATION is very RECORD PERMANENT UNFADING INK-THIS IS PLAINLY, WITH B.—Every item CAUSE OF Important. ż

on back of See Instructions

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13822

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.; Ward)

[if death occurred lo a hospital or institution, give its NAME instead of street and number.]

ADDRESS

	FULL NAME Stall AVILLA	Cannon,
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	ex 4 COLOR OR RACE S SINGLE, MARRIED, WOOWED, SMale ORDIVORCE ORDI	18 DATE OF DEATH (Month) (Day (Year)
6 D	ATE OF BIRTH Oct 22, 1918 (Month) (Day (Year)	that I last saw h alive on Still Amai, 191
7 A	Still born 1 day,hrs. yrs	and that death occurred on the date stated above, at
(b) bus wh) Trade, profession, or rificular kind of work	(Buration) yrs g mos ds. Contributory Secondary
RENTS	10 NAME OF FATHER MANY A COMMON OF FATHER (State or country) 12 MAIDEN NAME	(Signed) 7. (Address) Edenate Manage Median State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
	OF MOTHER MANY M. MOSTIS 13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place of death? former or osual residence.
	(Address) Lederalshing ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

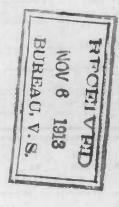
20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

cated thus: of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)Physician, Compositor, Architect, Locomotive engineer, applies to each aud every person, irrespective of age. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-Spinner, many occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (2)

Statement of cause of death—Name, first, the Insease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Dropsy." "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICINAL, OF as probably Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report



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certificate.

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See Instructions

NNS should

13823 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. if death occurred in St.:....Ward) a hospital or Institution, give its NAME instead ot street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX S SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED, Willowy (Month) (Write the word) (Day (Year) HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH that I last saw had galive on (Day (Month) (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day,....hrs. The CAUSE OF DEATH * was as follows: OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory.... Secondary 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ ds. State yrs. ____ ds Where was disease contracted. If not at place of death? Former or usual residence. 19 PLACE OF SURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

OR REMOVAL

DATE OF BURIAL

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write Nonc. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croud";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, perilonacum, etc., Carcin-

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN

PLACE OF DEATH 13824 County Caraline	STATE OF MARYLAND CERTIFICATE OF DEATH
County State Land Land Land Land	Registration Dist. No. 62
Village or City near DecelaryNo	St.; Ward) [If death occurred is a hospital or Institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Deuale 4 COLOR OR RACE 5 SINGLE, MARRIED, Zuarried Widoweb. While (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	Col. 30 to Oct 3/2 1913,
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 10 Pm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry,	Peritonilis - axhandia
business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Ruftered Kall bladde (Secondary)
10 NAME OF FATHER Joan Sting	(Signed) C Madara, M. D. (Signed) L C Madara, M. D. (Mast 1/2 1913 (Address) Rudgely Mad
OFFATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant)	If not at place of death?
(Address) Screlan Mi	Deulow Sud Low 4, 191.3
File MV. 3 , 1913 D. O Tenge M2 REGISTRAR	J. Wingil Moore Deulow My
in more blanks are needed, address State Registra	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons causing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrobrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purpreral scotichac etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," -Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronical ture of the American Medical Association.) "Contributory." which surgical operation was undertaken. ample: Mcasles (disease causing eer" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can death), 29 "Exhaustion," Never repor Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DLC 3 1913



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State Very

PHACE OF DEATH

It more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

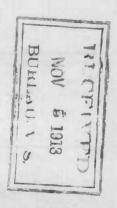
STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

"fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulstatement. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen chauged or given up on account of the disease Scrwant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canvalvular heart disease; Chronic interstitial nephritis, thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection used not be stated unless important. such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Juanition," "Maras-"Collapse," "Coma," "Convulsions." "Debility" ("Con-Bronchopneumonia (secondary). 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercnrrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhanstion," Never report



PHYSICIANS should state of OCCUPATION Is very RECORD statement PERMANENT EXACTLY DNIONIB Exact tated classified. pinoda THIS 0 roperi AGI 0 INK RESERVE supplied. pe UNFADING may carefully that 80 MARGIN terms, pinous PLAINLY In plain of Information DEATH Item P 0 Every it

certificate.

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Important.

N. B.

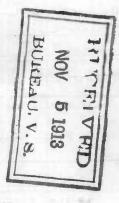
STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No ... fit death occurred in ..Ward) a hospital or Institution. give its NAME instead of street and number. I m. noch MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. Write the word) (Month) (Day) male HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Da TAGE If LESS than and that death occurred on the date stated above, et 1 day. hrs. OR min. ? 8 OCCUPATION (a) Trade, profession, or parficular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) -----Contributory BIRTHPLACE (Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) _____ yrs. ____ mos. ____ ds. State Where was disease contracted. If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the dibbease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of cause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPERAL peritonitie," etc. State cause for childbirth or miscarriage, as "Puerpreal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and quality as etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis which surgical operation was undertaken. Bronchopncumonia (secondary), 10 ds. ample: Meastes nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mallsoma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing (secondary or intercurrent) (name origin; "Can-The nature of the death), 29 ds.; "Exhaustion," Never report For VIO-



V. S. No. 1.

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Village or City Near Tederal sturges	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 64 St; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex Color or Race Single, Married, Wooweo, Ordivorceo (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17
(Month) (Day) , 1 913 . (Year)	that I last saw hazar alive on Cold 2 6 , 1913 , and that death occurred on the date stated above, at 3-30-8-m, The CAUSE OF DEATH * was as follows:
6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Dearrhoea and Enterties (Duration) yrs, mos.// ds. Contributory (Secondary)
10 NAME OF MAIN Astings 11 BIRTHPLACE OFFATHER (State or country) 12 Maiden NAME OF MOTHER OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place — In the of death
(Address) Federal Roung Ma BIT	19 place of Burial or REMOVAL Le deval sturg emetery Det. 28", 1913 20 undertaker Total storm & Don. Lederalsturg
La more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MOV 8 1918
BUREAU, V.S.

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V. S. No. 1.

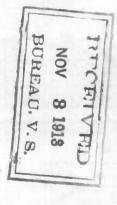
PLACE OF DEATH 13828	STATE OF MARYLAND
County Paralice	CERTIFICATE OF DEATH
County 🗘 🖟	Registration Dist. No. 62
Village or City Aldala (No	St.; Ward) [if death occurred is a hospital or lostitution give its NAME lostead of street and number.]
2 FULL NAME Tolling I would be	The fore beaches be but het but het but het bed
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
**SEX	(Month) (Day) (Year) HEREBY CERTIFY, That I attended defeased from
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h was alive on Off 4 1913
TAGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 3 m, The CAUSE OF DEATH Awar as follows:
(b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Duration) yrs mos ds. Contributory (Secondary)
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signet) (Address) (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 12 Section 2008 State	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos. ds. State yrs, mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) My Stalizace	Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Huladefflux	Puladelphia Get 1913
Filed Oct 15, 1913 Dogungo Mar REGISTRAR	20 UNDERTAKER ADDRESS 20 UNDERTAKER ADDRESS EENLAND
of more blanks are needed, address State Registra	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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S. No.

N. B.

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County.

13829

STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No
Village or City Linexester (No	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
The Prom Wisomer (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17
Oct 7,19,3 (Month) (Day) (Year)	that I last saw in the alive on 1913.
7 AGE Steel Born ds. or min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mes ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) (Duration) yrs mes ds. (Signed) (Signe
of Mother 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, If not at place of death?
(Address) TEslace (Address) Alarmon,	Former or USUAL residence
Local REGISTRAR	Jas Irsland, Victor Med

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

.. (a) Spinner, "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The statement. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second It should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write None. been changed or given up on account of the DISEASE gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never (b) Cotton mill; (a) Salesman, return "Laborer," For persons "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "PUTAPERAL septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chrowie ter" is less definite; avoid use of "Tumor" for mally mere symptoms or Bronchopneumonia (secondary), 10 ds. ample: Measics (disease causing oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting "Senile," etc.), terminal conditions, such as "As-"Dropsy," "Exhaustion," (name origin; "Candeath), 29 da.; Never report Examples: For VIO-



UNFADING INK-THIS

DEATH in plain terms, so that it may be properly classified. Exact statement

certificate.

of

Important. See Instructions on back

N. B.—Every Item CAUSE OF

item of information should be carefully supplied.

PLAINLY, WITH

WRITE

PHYSICIANS should state of OCCUPATION Is very

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7

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PARENTS

15

RECORD

PERMANENT

AGE should be stated EXACTLY.

W. S. No.

PLACE OF DEATH

13830

STATE OF MARYLAND

County Cearoline	CERTIFICATE OF DEATH
Sounty	Registration Dist. No. 62
Village or City Service (No,	St.; Ward) [It death occurred to a hospital or Institution, give its NAME lostead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIED WIDDWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Yesr) 17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH Still Born 1913	, 191, to, 191,
AGE (Month) (Day) (Year) It LESS than 1 day,hrs. yrsds. ORmlo.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, protession, or inarticular kind of work b) General nature of industry, usiness, or establishment io hich employed (or employer)	(Duration) yrs. mos. ds.
BIRTHPLACE State or country)	Contributory (Secondary) (Deation) yrs mos ds.
11 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 NAME OF FATHER (State or country)	(Signed) Devision O. Lease , M. D. Oct 31, 1913 (Address) Into M. D. *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
13 BIRTHPLACE OF MOTHER OF MOTHER (State or country)	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of deathyrsmosds.
(Intermant) dulles Chilles	Where was disease contracted, It not at place of death? Former or usual residence
(Address) Hogher Miled Set. 31, 1915 DIO George REGISTRAR	18 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OCT 3 1, 191 20 UNDERTAKER ADDRESS AUCTOS AUCTOS ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

and material worked on may form part of the second who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Groccry; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulessary to know (a) the kind of work and also For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: For persons "Foreman," (g)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, pertionaeum, etc... Carcin-

ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasnant neoplasms); Measles; Whooping cough; Chronia ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) (Recommendations on statement of Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOV 8 1918
BUREAU, V. S.

STATE OF MARYLAND CERTIFICATE OF DEATH Caroline Registration Dist. No. Tif death occurred in -Ward) a hospital or institution. RECORD give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED, ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH* was as follows: OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Contributory Secondary (State or country) NAME OF 191 3 (Address) 11 BIRTHPLACE back ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HORPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ... yrs. mos. ds. State yrs. ____ mos. ___ ds Where was disease contracted. If not at place of death? 0 Former or PO usual residence Every item CAUSE OF Important. 19 BLACE OF BURIAL OR REMOVAL 16 20 UNDERTAKER REGISTRAR If more blanks ale needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

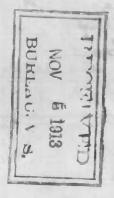
13831

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a defiuite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthful-Housewife, Housework, or At Home, and ehildren, not (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yes.) For persons But iu many "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"): Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninues, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraenia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can cause of death approved by Committee on Nomencla-"Contributory." sepsis, injury, as fracture of skull, and eonsequeuces (e. g., by curbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-"Puerperal peritonitis," etc. State cause for tetanus) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," Never report For v10-



N. B.—Every item of information should be garefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR

/ Co	PLACE OF DEATH 13832 Hunty Caraline	STATE OF MARYLAND CERTIFICATE OF DEATH
		Registration Dist. No. 62
Vi	liage or City Sunday (No,	St.; Ward) [it death occurred in a hospital or institution, give its NAME Instead of street and number.]
	*FULL NAME 20 Ger Dusiela	isds the the the state of the s
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE MARRIED, married White ORDINORED (Write the word)	18 DATE OF DEATH (Month) (Day) (Year)
6 D	TE OF BIRTH Feb 14, 184/ (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from 1912, to CO of S, 1913, that I last saw have alive on CO of S, 1913
	If LESS than f day, hrs. or min.?	and that death occurred on the date stated above, at
par (b) busi whice	Trade, protession, or continued to the c	Contributory Mat Renum (Secondary) (Duration) 7 yrs. mos. ds. (Duration) 7 yrs. mos. ds.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) (Signed) (Address) State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
PA	13 BIRTHPLACE OF MOTHER (State or country) Selaware	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant) Mars Markets (Informant)		Where was disease contracted, If not at place of death? Former or Usual residence
16 File	(Address) Develow Med dat 20, 1913 DO George REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Concord Country Off 21, 191. 3 20 UNDERTAKER ADDRESS ADDRESS
	If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative wealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (%)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

cause of death approved by Committee on Nomencla dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purrereal septichace etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrbage," "Inanition," "Maras. thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronical ter" is icss definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of .. "Contributory." Accidental drowning; Struck by railway train-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can death), 29 "Exhaustion," Examples:



PHYSICIANS should of OCCUPATION IS RECORD PERMANENT OZZ proper pe FR> UNFADING may certificate. E S carefully Jo back PARENTS terms, uo Instructions 2 AT 14 THE ABOVE See O Herm OF mportant. Eyery Re 15 m

13 BIRTHPLACE

OF MOTHER (State or country

state

STATE OF MARYLAND Caroline CERTIFICATE OF DEATH Registration Dist. No... Ilt death occurred in St.;....Ward) a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day (Year) the word) I HEREBY CERTIFY That I attended deceased from DATE OF BIRTH (Month) (Year) (Day 7 AGE It LESS than and that death occurred on the date stated above, at day.....hrs. The CAUSE OF DEATH * was as follows: mos. OR min. ? 8 OCCUPATION (a) Trade, protession, or particular kind of work... (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory/ 9 BIRTHPLACE Secondary (State or country 10 NAME OF (Signed) 11 BIRTHPLACE (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME

H	OR RECENT RESIDENTS)	ICE (FOR H	OSPITALS, INE	TITUTIONS,	TRANSIEN	TE
	At place		In the			
	of death yrs mos	ds.	State	yrs,	mos	d

Where was disease contracted. It not at place of death?

Former or usual-restuence.

OR REMOVA

UNCERTAR

DORESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

statement. Never return "Laborer," "Foreman," additional line is provided for the latter statement; ness of various pursuits can be known. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in iudustrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-If retlred from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons The question (0)

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PHYSICIANS should state of OCCUPATION IS yery RECORD PERMANENT EXACTLY Exact classified. 4 be S should INK-THIS properly AGE supplied pe UNFADING may certificate. carefully that 9 of WITH pe on back plain terms, pinoda PLAINLY See instructions Information _ DEATH WRITE ō Every Item CAUSE OF important.

1 PLACE OF DEATH Village or City

13834

STATE OF MARYLAND CERTIFICATE OF DEATH

.Ward)

St .:---

Registration Dist. No.

[it death occurred in

a hospital or institution.

s Saston			and number.]
MEDICAL CERTIFICATE OF DEATH			
16 DATE OF DEATH	Oct.	197	19h3
	(Month)	(Day	(Year)
(h)	EBY CERTIFY, That	~ /	
that I last saw h	\sim	1.19	, 191 -\$
and that death occurr	ed on the date state	ed above, at	11 Pm
The CAUSE OF DEAT	H* was as follows:		<u></u>
Contributory &	Ougation) Ougation (Duration)		kness
(Signed) 6	, F. Su	ith	, M. D.
Oct. 20, 191	3. (Address) Te	dasly	md.
*State the DISEAS CAUSES. state (1) TAL, SUICIDAL, OF H	SE CAUSING DEATH, MEANS OF INJURY; OMICIDAL.	or, in deaths is and (2) whet	rom VIOLENT
18 LENGTH OF RESIDENT OF RECENT RESIDENT AT PIACE OF BURIAL STREET OF BURIAL STREET OF BURIAL STREET OF BURIAL OF BU	In the mos, ds. State ted,		
Smura	ra	Oct.	20/18/3

ADDRESS

PERSO	NAL AND STATISTIC	CAL PARTICULA	RS
Male	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the wo	rd)
DATE OF BIRTH	Sept.	98 ¹	9, 19/3 (Year)
7 AGE	yrs	mos 21 ds.	It LESS the 1 day,hi
-			

BOCCUPATION (a) Trade, profession, or particular kind of work

(b) General nature of Industry, business, or establishment In

which employed (or employer)

PARENTS

9 BIRTHPLACE (State or country) 10 NAME OF

FATHER 11 BIRTHPLACE

OF FATHER (State or country 12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO

(Address)

15

REGISTRAR

20 UNDERTAKER

If more bianks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

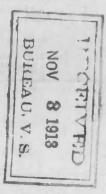


[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specieated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second it should be used only when needed. who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be eutered as Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. (a) Spinner; (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persous "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal medingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Addemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant peoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of death), 29 ds.; Never report For vio



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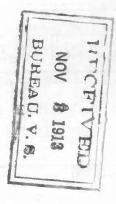
STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in St.;....Ward) a hospital or Institution, give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, war WIDOWED, (Month) Write the word) I HEREBY CERTIFY, That I attended deceased from 17 6 DATE OF BIRTH (Month) (Day) (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) ... which employed (or employer) Contributory. 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Signed) (Address) 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death yrs. mos. State yrs. ____ mos. _ ds. (State or country Where was disease contracted. OF MY KNOWLEDGE If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL / 1910 15 20 UNDERTAKER ADDRESS REGISTRAR Af more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The statement. who have no occupation whatever, write None. ness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industy; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Scrvant, Cook, Housemaid, etc. If the occupation has mine, etc. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, 'OF HOMICIDAL, OF AS probably such, if impossible to determine definitely. Examples: mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage. as "PUERPEBAL scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing death), 29 nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencia. "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Hart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ter" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of . The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can State cause for "Exhaustion," For VIO



should state S PHYSICIANS should of OCCUPATION Village or City St.; RECORD ²FULL NAME Exact statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT EXACTLY. 3 SEX 4 COLOR OF RACE 5 SINGLE, MARRIED, WIDOWED, BINDING ORDIVDRCED (Write the word) stated DATE OF BIRTH properly classifled. 4 pe (Month) (Day (Year) S TAGE If LESS than should ROP ROP 1 day,hrs. THIS OR min. ? AGE BOCCUPATION (a) Trade, protession, or RESERVED N.Y. particular kind of work carefully supplied. (b) General nature of Industry, business, or establishment in UNFADING which employed (or employer) ----certificate. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 80 of MARGIN WITH pe of information should be DEATH in plain terms, See instructions on back PARENTS 11 BIRTHPLACE OF FATHER (State or country) PLAINLY. 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) WRITE 14 THE ABOVE IS TRUE CAUSE OF Important. (Informant) (Address) 16 20

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

13836

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

[it death occurred in .Ward) a hospital or institution, give its NAME Instead of street and number.]

ADDRESS

DATE OF DEATH CONTAIN	12/20 10	1,5
(Month)	(Day (Ye	ar)
17 I HEREBY CERTIFY, That	I attended deceased	_
	/	1.3.
that I last saw have alive on.	-/) <u></u> .
and that death occurred on the date state	d above, at Q	m.
The CAUSE OF DEATH* was as follows:		*******
(Duration)	yrs. mos. Z	ds.
Contributory Eularg Ed Por Secondary (Ouration)		
(Signed) & F. Sin	the	M. D.
Oct. 13, 1913 (Address) Ric	egely ma	7
*State the Disease Causing Death, of Causes, state (1) Means of Injury; a tal, Suicidal, or Homicidal.	r, in deaths from Vic and (2) whether Acc	DENT
18 LENGTH OF RESIDENCE (FOR HOSPITAL: OR RECENT RESIDENTS) At place In the of death		
it not at place of death?	**************************************	••• ••••••

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL	4 2
www.		91

S. No.

7

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second applies to each and every person, irrespective of age. CAUSINO DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The it should be used only, when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Physician, Compositor, Architect, Locomotive engineer. Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucists of lungs, meninges, peritonacum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," thenla," "Anaemla" (mcrely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephrilis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla. "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver round of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if Impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inamition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: affection need not be stated unless important. The contributory (secondary or intercurrent) tetanus) 'Always qualify all diseases resulting from "Senile," etc.), Measles may be stated under the head (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report For vio-



CERTIFICATE OF DEATH OCCUPATION (18 Registration Dist. No. If death occurred inWard) RECORD a hospital or institution. give its NAME Instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT 3 SEX 5 SINCLE, 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, DNION WIDOWED, ORDIVORCED (Write the word) (Month) / / / (Day (Year) HEREBY CERTIFY That I attended deceased from DATE OF BIRTH m (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at Cla 1 dayhrs. The CAUSE OF DEATH* was as follows: OR ? proper BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, UNFADING business, or establishment in which employed (or employer) 9 BIRTHPLACE Contributory. certifica Secondary carefully (State or country) FATHER (Signed) 0 back 11 BIRTHPLACE PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME Instructions OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 5 13 BIRTHPLACE At place OF MOTHER (State or country) of Information yrs. mos. ds. State _____ yrs. ____ mos. Where was disease contracted. If not at place of death? Former or OF usuai residence. mportant. ы PLACE OF BURIAL OR REMOVAL CAUS 16 ADDRESS RECISTRAR All more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

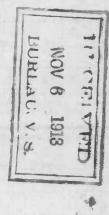
STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman," (4)

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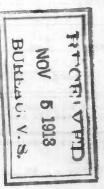
13838 STATE OF MARYLAND Very CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION is Registration Dist. No. If death occurred in St .:Ward) a hospital or institution. RECORD give its NAME lostead of street and number. ? MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS PERMANENT 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word) (Month) (Day) (Year) 17 HEREBY CERTIFY, That I attended deceased from S DATE OF BIRTH classified. (Day) (Year) (Month) 7 AGE If LESS than and that death occurred on the date stated above, at. 1 day, hrs. The CAUSE OF DEATH * was as follows: THIS BOCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of industry, supplied. pe business, or establishment in UNFADING may which employed (or employer) Contributor 9 BIRTHPLACE (Secondary) (State or country) (Doration) 0 10 NAME OF FATHER (Signed) 11 BIRTHPLACE , 101-2... (Address). ARENTS OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME plain OF MOTHER 0 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE 2 At place In the OF MOTHER (State or country of death _____ yrs. mos. State EATH Where was disease contracted. WRITE 14 THE ABOVE IS TRUE KNOWLEGGE If oot at place of death? Q Farmer or Interment OF usual residence. mportant. 19 PLACE OF BURIAL OR REMOVAL 1:1 DATE OF BURIAL Every 15 20 UNDERTAKER ADDRESS m ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health Association.]

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cause of death approved by Committee on Nomenclachildbirth or miscarriage, as "PUERPERAL scptichaecause. Always qualify all diseases resulting from ample: Measles (disease causing death), 29 ds.; ture of the American Medical Association.) "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Dehility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... Accidental drowning; Struck by railway train—acci-The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under (name origin; "Can State cause for Never report Examples:



BINDING ESERVED or MARGIN

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13839 St .:Ward) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 5 SINGLE MARRIED. WIDOWEO, (Month) ORDIVORCEO Write the word) I HEREBY CERTIFY, That I attended deceased from (Year) (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at..... 1 day hrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) -----State or country) Contributory, (Secondary) 10 NAME OF FATHER BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

Ilf death occurred in

a hospital or institution, give its NAME Instead of street and number. I

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-

of death _____ yrs. mos. State _____ yrs. ____ mos. __

Where was disease contracted. If not at place of death?

Former or usual residence.

ACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

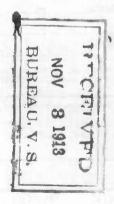
REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an first line will be sufficient, e. g., applies to each and every person, irrespective of age. Who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not wbo receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupais very important, so that the relative mealthful-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

childbirth or miscarriage, as "Puerperal septichaeture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPEBAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencia-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. cause. Always qualify all diseases resulting from "Collapse." "Coma," "Convuisions," "Debility" ("Contbenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ter" is less definite; avoid use of "Tumor" for mailsoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples:



N. B.—Every Item of Information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pisin terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN V. S. No. 1.

/	PLACE OF DEATH 13840	STATE OF MARYLAND		
	Carol	CERTIFICATE OF DEATH		
Co	ounty work	Registered No. 6		
	rear Ni			
Vi	illage or City (No	St; Ward) [If death occurred in a hospital or institution,		
		give its NAME Instead		
	2 FULL NAME Sister Mary Cur	rha ruraand ot street and number.]		
	2 FULL NAME	A second		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH		
3 SE	X 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH		
4	WIDOWED.	(Month) 20 (Day) (Year / 1/3		
ve	wale little (Write the word) Gruge	17 I HEREBY CERTIFY, That I attended deceased from		
6 D	ATE OF BIRTH	dept, 25, 1913, to OCT, 20, 1913,		
	March 31 ,1843	that I last saw h & alive on Oct 15, 1913		
	(Month) (Day) (Year)			
7 AC	It LESS than 1 day,hrs.	and that death occurred on the date stated above, at 420 a m,		
	40 yrs. 6 mos. 19 ds. OR. min.?	The CAUSE OF DEATH* was as follows:		
8 04	CCUPATION	pp f		
(a)	Trade, profession, or	The Municipales		
	ticular kind of work			
	General neture of industry, ness, or establishment in Acada. Acada.	(Duration) wrs. mos. ds.		
	ch employed (or employer)	6.01		
9 BI	RTHPLACE (tate or country)	Contributory (Secondary)		
	Daden, Dermany	(Doration) yrs. mos. 7 ds.		
	10 NAME OF FATHER / 1 / 1 / 1 / 1 / 1	(Signed), a Stone, M.D.		
	allours jurgard	May 2 Million		
TS	11 BIRTHPLACE	(Address) / Way		
Z	(State or country) Levulue	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-		
ARENT	12 MAIDEN NAME	TAL, SUICIDAL, OF HOMICIDAL.		
9	Magarlena Milliage	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,		
	13 BIRTHPLACE	At place 2 2		
	(State or country) Territory	of death yrs mos ds. State yrs mos ds.		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		Where was disease contracted, Newark V. f.		
(Informant) M. Dolower:		Former or Usual residence St. Certrindey Convent.		
	At Gorte Son Connect.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		
(Address).		1 10: 1 2: 2 1= 161 : 2		
18 6 12 2 3 Ad 1 1 1 2 2		20 UNDERTAKER ADDRESS		
Fil	11 191	Toward Pretchett Treensboro Md		
	REGISTRAR			
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.				

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who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers tication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retlred from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples "Foreman,"

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOV 3 1913
BULLEAU. V. S.